



Total Trihalomethanes Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☐ NTNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By		
A		Yes <input type="checkbox"/>				
B		Yes <input type="checkbox"/>				
C		Yes <input type="checkbox"/>				
D		Yes <input type="checkbox"/>				
		If Resubmitted Report, list below:				
		(1) Reason for Resubmission	(2) Collection Date of Original Sample			
A	<input type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
B	<input type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
C	<input type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
D	<input type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES						
A						
B						
C						
D						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL THMs	80	-----				
Bromoform						
Chloroform						
Bromodichloromethane						
Dibromochloromethane						
Lab Method						
Date Extracted (551.1 only)						
Date Analyzed						
Lab Sample ID#						
Surrogate #1:			%	%	%	%
Surrogate #2:			%	%	%	%

¹ Report result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES
A
B
C
D

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: Date:

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		